



PO Box 471407  
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## AFCM Affiliate Bible School Application

\*Applications are kept on file for 6 months.

### General Information

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School Name \_\_\_\_\_

Date of Application \_\_\_\_\_

Location of classes \_\_\_\_\_

Ministry/Church Affiliation \_\_\_\_\_

Address \_\_\_\_\_

Pastor \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Fax # \_\_\_\_\_

Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Director of Bible School \_\_\_\_\_

Mailing Address \_\_\_\_\_

AFCM member? \_\_\_\_\_

Yes  No

Physical address for shipments \_\_\_\_\_

If no, with whom do you hold your ministerial credentials? \_\_\_\_\_

Would you like the school on flash drive or DVD? \_\_\_\_\_

Flash Drive  DVD

Projected Enrollment \_\_\_\_\_

Projected Start Date \_\_\_\_\_

Contact Person (if other than Director) \_\_\_\_\_

Projected Ending Date \_\_\_\_\_

How did you hear about AFCM Affiliate schools? \_\_\_\_\_

### Vision

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Please briefly state the vision for your Affiliate Bible School:

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### Statement of Truth

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I acknowledge that I agree with the Tenets of Faith and Ministerial Ethics set forth by AFCM. I hereby state my willingness to submit to the spiritual authority and guidelines of AFCM. If at any time I feel I can no longer agree with the beliefs and practices of this organization, or if it is requested by those in authority for any reason, I will forfeit and return all Bible School materials. I hereby state that all the information contained on this application is correct and true. If AFCM is notified that any of the information contained on this application is false, it will be grounds for immediate dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Do not write below this line:**

Approved  Disapproved

Signature \_\_\_\_\_ Date \_\_\_\_\_